

HOUSE BILL REPORT

HB 2397

As Reported by House Committee On:
Children & Family Services

Title: An act relating to establishing a pilot program to facilitate delivery of evidence-based practice mental health treatment to children.

Brief Description: Establishing a pilot program to deliver mental health treatment to children.

Sponsors: Representative Dickerson.

Brief History:

Committee Activity:

Children & Family Services: 1/12/06, 1/25/06 [DPS].

Brief Summary of Substitute Bill

- Creates a pilot program to support local efforts to implement evidence-based mental health services provided to children.

HOUSE COMMITTEE ON CHILDREN & FAMILY SERVICES

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 7 members: Representatives Kagi, Chair; Roberts, Vice Chair; Walsh, Ranking Minority Member; Darneille, Dickerson, Haler and Pettigrew.

Minority Report: Without recommendation. Signed by 2 members: Representatives Hinkle, Assistant Ranking Minority Member and Dunn.

Staff: Sonja Hallum (786-7092).

Background:

The Delivery of Mental Health Services in Washington

Since 1989, mental health services in Washington have been delivered through Regional Support Networks (RSNs). The RSNs were established to develop local systems of care for persons with mental illness. Counties or groups of counties were authorized to become RSNs, contract with licensed service providers, and deliver services directly. Fourteen RSNs across the state were established to coordinate and deliver mental health services to persons with mental illness.

In 2005, the Legislature passed E2SHB 1290 that required the Department of Social and Health Services (DSHS) to establish a procurement process to establish RSNs that included a request for qualification. Existing RSNs are permitted to respond to the request for qualification and, if the RSN meets all the applicable requirements, they will be awarded the contract by the DSHS. If the existing RSN does not respond to the request for qualification, or is unable to comply with its requirements, the DSHS will utilize a request for proposal process to establish new RSNs. The definition of an RSN was also broadened to include counties or other entities.

Evidence-Based Practice

Evidence-based practices are those practices which research has shown to produce consistently good outcomes. This concept originated in the field of physical health with the idea that for medical conditions a specific set of practices properly administered would ensure the greatest likelihood of recovery for the patient. The mental health field has also begun the process of scientific evaluation to identify evidence-based practices. A number of organizations, using their own criteria, select certain practices and recognize them as meeting or exceeding the standards they have established.

In 2003, the Legislature directed the Washington State Institute for Public Policy (WSIPP) to review research assessing the effectiveness of prevention and early intervention programs concerning children and youth. The Legislature required the WSIPP to use the research to identify specific research-proven programs that produce a positive return on the dollar compared to the costs of the program. The WSIPP was also required to develop criteria designed to ensure quality implementation and program fidelity of research-proven programs in the state.

As a result of the study, the WSIPP found that some prevention and early intervention programs for youth can give taxpayers a good return on their dollar. The study identified several programs, including some mental health programs, that are likely to reduce taxpayer and other costs in the future if they are properly implemented.

Summary of Substitute Bill:

To the extent funding is appropriated in the budget, the Mental Health Division, in collaboration with Children's Administration, within the Department of Social and Health Services (DSHS) is required to begin a pilot project to support local efforts to implement evidence-based mental health services provided to children. The pilot program is to consist of four program sites. The sites will be chosen through a request for proposal process.

Any county, or group of counties, may submit a proposal to be selected as a pilot site. The proposal must include the following information:

- (1) who will be the lead agency for program. The lead agency may be a public or private agency and is not required to be a state agency or a Regional Support Network (RSN);

- (2) a description of how the lead agency will work with community partners to implement the pilot program;
- (3) identification of areas of potential service needs based on input from the community partners;
- (4) identification of the evidence-based mental health service or services that will be implemented in the area served by the pilot program. The request for proposal will include a list of services from which the county or group of counties may select the service they would like to offer in their community through the pilot program;
 - The DSHS will develop the list in consultation with a broad range of individuals who have expertise in children's mental health services.
 - After the evidence-based practices have been implemented, the DSHS will consult with others who have expertise in children's mental health services to add promising practices to list of services options. DSHS is to strongly consider promising practices that have shown promise in treating children of color.
- (5) identification of resources within the community that might support training for the implementation of the selected evidence-based service; and
- (6) identification of the resources within the community that are able to support quality assurance and track outcomes for the program.

The pilot programs will receive support and assistance from one or more agencies or programs outside the DSHS to initiate, implement, and monitor the pilot program. The support will include quality assurance and training related to the evidence-based practice chosen by the pilot program.

Beginning in July 2007, the Washington State Institute for Public Policy (WSIPP) will conduct a study of the pilot program to measure improvements in the delivery of mental health services to children. The WSIPP will report its findings to the Legislature in a preliminary report due by December 1, 2007 and a final report due by December 1, 2008.

Substitute Bill Compared to Original Bill:

The substitute bill specifies that the pilot program will be implemented by the Mental Health Division within the DSHS, in collaboration with the Children's Administration.

The substitute bill also adds several requirements to the development of the list of services which are available to be implemented by the pilot project: the DSHS must work with a broad range of individuals who have expertise in children's mental health services to develop the list of service options; the DSHS must also work with this group to determine the promising practices that may be added to the list of service options; and in deciding which promising practices may be utilized by the pilot program, the DSHS is to strongly consider promising practices that have shown promise in treating children of color.

The University of Washington is removed as the required agency to provide support and assistance to the pilot program and replaced with the requirement that the DSHS utilize one or more agencies or programs outside the DSHS to initiate, implement, and monitor the pilot

program. The support provided by the outside agency or program will include quality assurance and training related to the evidence-based practice chosen by the pilot program.

The substitute bill adds a minimum list of issues the WSIPP is to study in its evaluation of the pilot program.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Substitute Bill: The bill takes effect 90 days after adjournment of session in which bill is passed.

Testimony For: (In support of original bill) There is a real lack of mental health services for children. The President's Commission found the national children's mental health system is in shambles. Ninety percent of the mental health services delivered do not have empirical support. There are entities in the community who want to improve the services offered to children. The bill works with the community to support the community in improving its outcomes for children. This bill has the capacity to make major changes. It is a carrot bill rather than a stick bill. The goal is to increase the use of services to children that have been proven to be effective by working. Evidence-based practices may be more costly to initiate, but they realize our goal of having fewer kids hospitalized or otherwise requiring much more expensive services. We should not exclude promising practices. There are concerns about the DSHS preparing the list of services. It is unclear if there is any training for the evidence-based practice.

(With concerns on original bill) The vast majority of kids with mental health issues do not get treatment. One of NAMI's priorities is to decriminalize mental health disorders and keep people with mental health issues out of the criminal system. We have concerns that training be addressed. We need to be sure the evidence-based practices are harmonized. There is a question as to whether the University of Washington should be spelled out as the organization to provide support or if it should be more general.

Testimony Against: (Original bill): Residential placements and drugs are not the answer and we applaud these efforts, but we need to be sure the outcomes are for children and not the system. We need to be sure we are improving health outcomes.

Persons Testifying: (In support) Representative Dickerson, sponsor; Eric Trupin and Eric Bruns, University of Washington; Scott Hanauer, Community Youth Services; Andrea Parrish, Behavioral Health Services; Laurie Lippold, Children's Home Society; Mary Fischer, Institute for Family Development; and Jim Theofelis, Mockingbird Society.

(With concerns) Steve Norsen, Department of Social and Health Services; Seth Dawson, Washington State Psychiatric Association, National Alliance for the Mentally Ill, and the Washington State Council of Child Psychiatrists; and Jean Wessman, Washington State Association of Counties.

Testimony Against: Steven Pearce, Citizens Commission for Human Rights, Seattle.

Persons Signed In To Testify But Not Testifying: None.